

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/533,314</td> </tr> <tr> <td>Filing Date</td> <td>April 29, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Simon Richard Stebbing</td> </tr> <tr> <td>Title</td> <td>Stabilised Aluminosilicate...</td> </tr> <tr> <td>Art Unit</td> <td>1703</td> </tr> <tr> <td>Examiner Name</td> <td>Nicholas P. D'Aniello</td> </tr> <tr> <td>Attorney Docket Number</td> <td>0068905-000260</td> </tr> </table>	Application Number	10/533,314	Filing Date	April 29, 2005	First Named Inventor	Simon Richard Stebbing	Title	Stabilised Aluminosilicate...	Art Unit	1703	Examiner Name	Nicholas P. D'Aniello	Attorney Docket Number	0068905-000260
Application Number	10/533,314														
Filing Date	April 29, 2005														
First Named Inventor	Simon Richard Stebbing														
Title	Stabilised Aluminosilicate...														
Art Unit	1703														
Examiner Name	Nicholas P. D'Aniello														
Attorney Docket Number	0068905-000260														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23464

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	
Country		Zip	
Telephone		Email	

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____.

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>WJ Selko, Jr.</i>	Date	6 August 2009
Name	William J. Selko, Jr.	Telephone	913-744-2013
Title and Company	Director, PQ Silicas UK Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.